FOCESMED 5179

To:	Qualification/T Division of Con	ax Lien Section porations							
SUBJE	CT-	UNIVERS	SAL BUSI	NESS SYS	STEMS. T	NC.			
DODJE				orporation - 1					<u> </u>
Dear S	ir or Madam:					•			
The end	closed "Applications classed "Applications c	on by Foreign Cor to register the abo	poration for A	authorization foreign corp	to Transact I oration to tra	Business in Flo nsact business	xida", "Certi in Florida.	ificate of	Existence",
Please	return all correspo	ondence concernin	g this matter	to the followi	ng:				
		E	DWARD R	RAFFO					
	(Name of Person)								
		UNIVE	RSAL BUS	SINESS S	YSTEMS,	INC.			
	(Firm/Company)								
	185 INDUSTRIAL PARKWAY SUITE J								
				(Addres	s)				-4
_		SOM	ERVILLE,	NJ 088	76				
				(City/State/	Zip)				•
Should	you need to call s	omeone concernin	g this matter,	please call:		CC	-08/17/	'0001	"30——0 007—011 *****70.00
	EDWARD R.		at _			725-8899			_
	(Name	of Person)		(Area Co	de & Daytin	ne Telephone l	Number)	W	- 26665
STREE	T ADDRESS:				MAILING	ADDRESS:			
Division 409 E. C	ation/Tax Lien Se of Corporations Faines St.	ection			Division of P.O. Box 63:			ts e	
ramanas	see, FL 32399				Tallahassee,	FL 32314	ָרָרָ. בְּרָרָ		
Enclosed	l is a check for th	e following amou	at:				#IPA-0	ALIAS SETAF	
₹] \$70.6	00 Filing Fee	S78.75 Filing Certificate of		\$78.75 I Certified	iling Fee & Copy	_ c	87.50 Filing: ertificate of sertified Copy	Tatus &=	्।

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 22, 2000

EDWARD R. RAFFO UNIVERSAL BUSINESS SYSTEMS 185 INDUSTRIAL PKWY, STE J SOMERVILLE, NJ 08876

SUBJECT: UNIVERSAL BUSINESS SYSTEMS, INC.

Ref. Number: W00000020665

We have received your document for UNIVERSAL BUSINESS SYSTEMS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included he document.

The document must be signed by the chairman, any vice chairman of the todard of directors, its president, or another of its officers.

The name designated in your document is not available. Therefore the corporation must adopt an alternate name for use in the state of Floridation of adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 100A00045048

Resolution of the Board of Directors of Universal Business Systems, Inc. Adopted September 8, 2000

BE IT RESOLVED that the corporation hereby adopts the alternate name Universal Business Systems, Inc., Florida Division, for use in the state of Florida.

The foregoing was unanimously adopted by the Board without a formal meeting of the board pursuant to N.J.S.A. 14A:6-7.1(5).

Vice Chairman and

President, Operations

ÁPPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.		UNIVERSAL BUSINESS SYSTEMS	, INC						
a	obreviano	orporation; must include the word "INCORPORATEI us of like import in language as will clearly indicate to if not so contained in the name at present.)	D" "CON	Æ/	ANY", "CORPORATION instead of a	ON" or wo	ords or crson c	or .	
2	State or	NEW JERSEY country under the law of which it is incorporated)	3., .	<u></u> -	222-273-714, (FEI numb	/000 er if annli	cable)	, é	
4					PERPETUAL on: Year corp. will cea				
6		TIT V 1 2000 "						• /	
		(Date first transacted business in Florida.) (SEE SEC					.S.)	· · · · ·	
7	· · · · · · · · · · · · · · · · · · ·	12682 HEADWATER CIRCLE				<u> </u>			
_		WELLINGTON, FLORIDA 33414							
	(Current mailing address)								
8		(Purpose(s) of corporation authorized in home state	ACTIV.	17	<u>-</u>				
		(Purpose(s) of corporation authorized in home state of	or country	y to	be carried out in state	of Florid	a)		
9. N	ame and s	treet address of Florida registered agent: (P.O. Box	or Mail	Dr	op Box <u>NOT</u> acceptab	le)\(\overline{\sqrt{S}}\)	8		
	Name:	EILEEN REDMOND GORDON			_	CER	SEP		
Office	Address:	12682 HEADWATER CIRLCE				TARY		FILE	
		WELLINGTON	, Florida	a, .	33414	COF STAT	3		
		agent's acceptance:				≥m	ర్టా		
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this apparity. I findle represents									

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

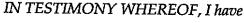
12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

. DIRECTOR	65 (Street address only - P.O. Box N	O1 accept	table)						
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e Chairman:							<u>. </u>		
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DEFICERS (Street address only - P.O. Box NOT								
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-	ASBURY, NJ 08802	-	· <u>· ·</u>	· : <u></u> .	<u>. </u>	-tu	T.I.	SEP	<u> </u>
President:	EDWARD R, RAFFO			· · ·	,		SE ² Y	Ċī	 - - - - - - - - - - - - -
ress:	11 KINGS ROAD				~ _		FS	*	
	CHATHAM, NJ 07928				-		ATE	<u> </u>	
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surer:	EDWARD R. RAFFO				<u> </u>	.	<u>.</u>		
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		<u>.</u>	_					<u> </u>	
E: If necessar	y, you may attach an addendum to the ap	plication lis	sting add	litional of	ficers and/	or direct	tors.		
	Edward R. Kall	/- V	P						
	(Signature of Chairman, Vice Chairman	i, or any offi					ation)		<u>, , , , , , , , , , , , , , , , , , , </u>
<u> </u>	Edward R. Rai	FFO	Vice	PRO	siDen	T			
	(Typed or printed name and		f person	signing a	pplication))			

STATE OF NEW JERSEY DEPARTMENT OF TREASURY FILING CERTIFICATION (CERTIFIED COPY)

UNIVERSAL BUSINESS SYSTEMS, INC.

I, the Treasurer of the State of New Jersey, do hereby certify, that the above named business did file and record in this department the below listed document(s) and that the foregoing is a true copy of the Certificate of Incorporation as the same is taken from and compared with the original(s) filed in this office on the date set forth on each instrument and now remaining on file and of record in my office.



hereunto set my hand and affixed my Official Seal at Trenton, this 28th day of June, 2000

OO SEP 15 AN 9
SECRETARY OF STA

Ram 1 mm games

Roland M Machold Treasurer

